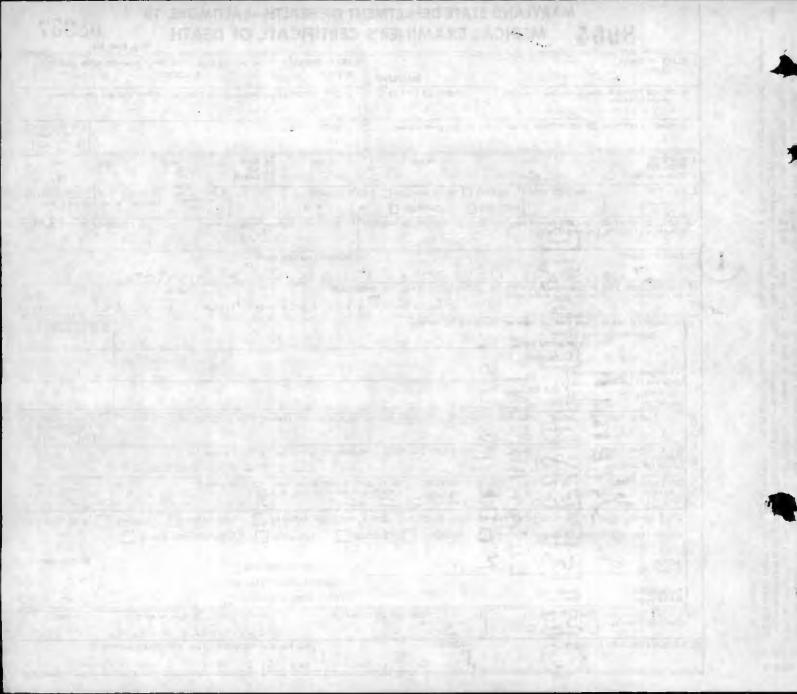
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cremati	A	1. F	ACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE Where deceased lived. If Institution, Posidence before admission b. COUNTY MARYLAND
Page burial,	71)	b	CRYOR TOWN (If outside corporate limits, write RURAL and give nearest town) CRYOR TOWN (If outside corporate limits, write RURAL and give nearest town)
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ond 3 ond 3 be reto		10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country)
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Fig. 7			NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dolys of service) 215-36-3546 Oblice Commodore, Port Republic, md
The PM3.			18. CAUSE OF DEATH [Enter only one cause per Time for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH
in Herr with for	E.O.		DUE TO Conditions, W only, which) (b)
pencil olang buriol			gave rise to immediate cause (a), stating the underlying DUE TO cause last. (c) (c)
ding" ir	0	LATION	PARTILL OTHER PROVIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED YES NO X
d "pend ominer's		CERTIFIC	No. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-molure of Auto are port II of item 18.) AUTO AUTO COLLISION
war Exa Shou	04	MITTICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20t (City or lown) (County) (State)
ief M			21. Certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined cause .
ficate, where the Character in the Chara			ACTUAL A CHIEF MEDICAL EXAMINED TO DATE SIGNED
rded to ERAL D	4		EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO SEPORT MEDICAL EXAMINER
cute the forwards O FUNER, or remov		224	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
75. A15ME(5) 5M 9/55	B	23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE P. Z. Sovell Prince Freckerich DATE SEP 2 '60 Cullum S. Hans

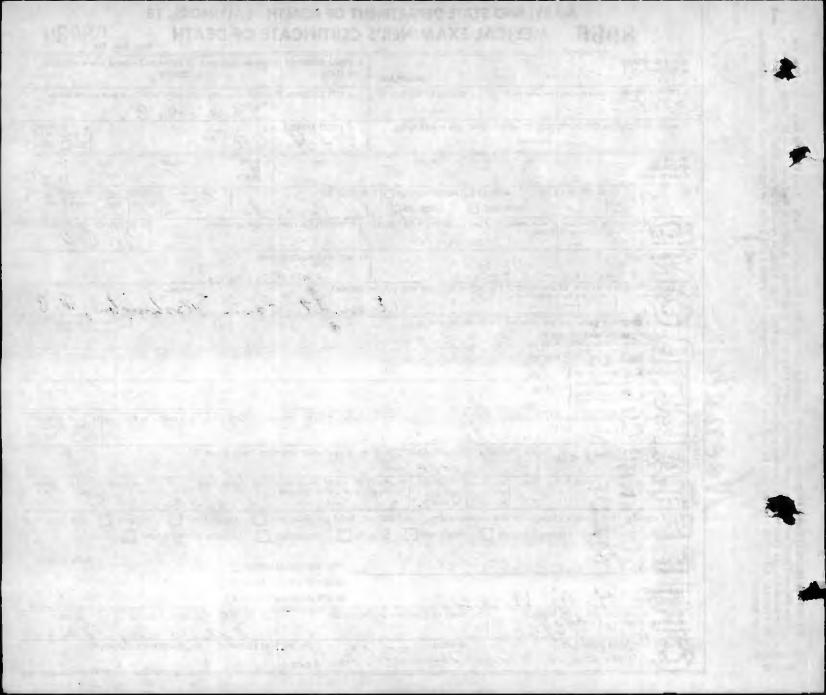
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

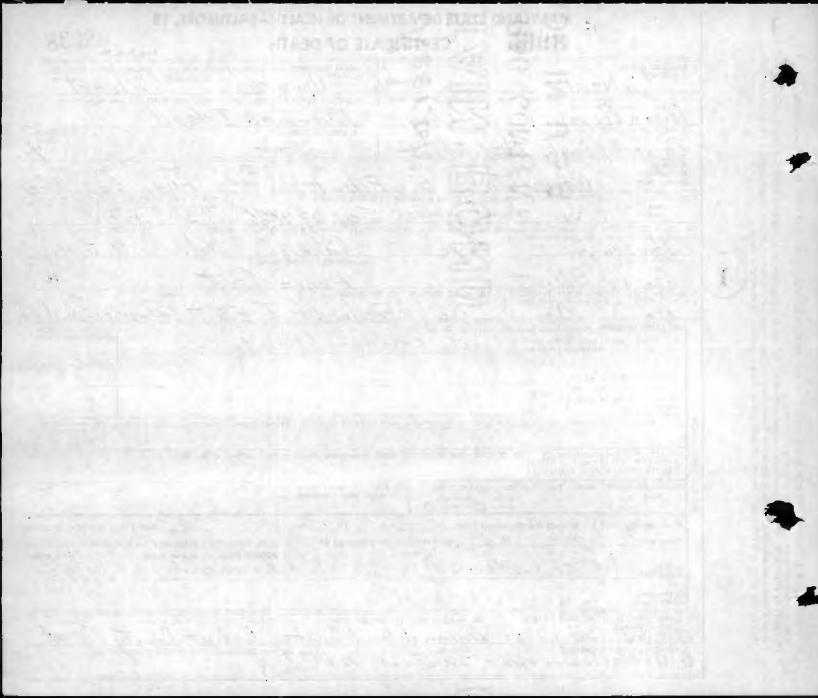


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	cute the certificate, writh 1: ward "pending" in pencil in Item 18. Give Figes 1, 2, and 3 to the funeral director. Page 4, farwarded to the Chief May be called the Chief May be considered for your file.	
15	A15	ME(5) /55
-	5A4 9.	/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CIDY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate/limits, write RURAL and give nearest lown) potential no d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 3. NAME OF First / Middle DATE Month Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED | DIVORCEDITO YES. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY past of working life, even if retired) 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enfer only one cause per line/for (o), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions If any, which gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 20f. (Fit) of bwn) While Not while factory, street office bidg., etc.) 20c, TIME OF INJURY Month, Day, Year (Jounty) (Stote) Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry , and find that death resulted from: Natural causes 1 Accident | Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER A 220. BURIAL, CREMATION, 22b. DATS THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE





Division of ATATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY a. STATE **b.** COUNTY D.C. Calvert MARYLAND director. or your fi b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Billar d. STREET ADDRESS the funeral of reteined for ON A FARM? 603 N. Caroline Ave., S. ENS TINO Chesapeake Beach 3. NAME OF Middla Last DECEASED the (Type or print) WILLIAM ALBERT FIELDS DEATH FOUND August 1960 16 with th 9 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Page 5 m. 2 wit last birthdey) Months? July 20th, 1922 Male Whi te WIDOWED [DIVORCED A 10a. USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dons during most of working life, avan if retired) Give Pages 1 rm PM3. Pag File pages 1 Furniture Store Maryland USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Fields Laura В. Crowley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yas, no, or unknown) ! (If yes give war or datas of service) Office along with formit burial-fransit permit amoval, and in any e Yes Unknown Ruth E. Freeman, 516--13th St.S.E.Wash.DC in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Probable drowning IMMEDIATE CAUSE (a) certificate should be s a burial-t **DUE TO** Conditions, if any, which "pending" gava rise to immediate causa g the word "pending f Medical Examiner's should be used as a DUE TO (a), sleting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Fishing and went in swimming and drowned Chief A 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or fown) the Chie Month, Day, Year (County) (Stefa) While Not While factory, street, office bldg., etc.) 19 60 of work et work Ches. Beach prior Chesapeake Bay! L DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion agent, ease execute the certifi death resulted from: Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Bradley King, Jr., M.D. 8/17/60 NAME (Type) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Arlington Nat'l Cometery 240 9 O Burial Arlington, Virginia 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME W.W.Chambers Co., 517--11th St.S.E.Wash.DC arthur S. Kraus DATAUG 1 9 '60 5M 7/59

Items 20&21 Film 270 MARYLAND STATE DEPARTMENT OF HEALTH

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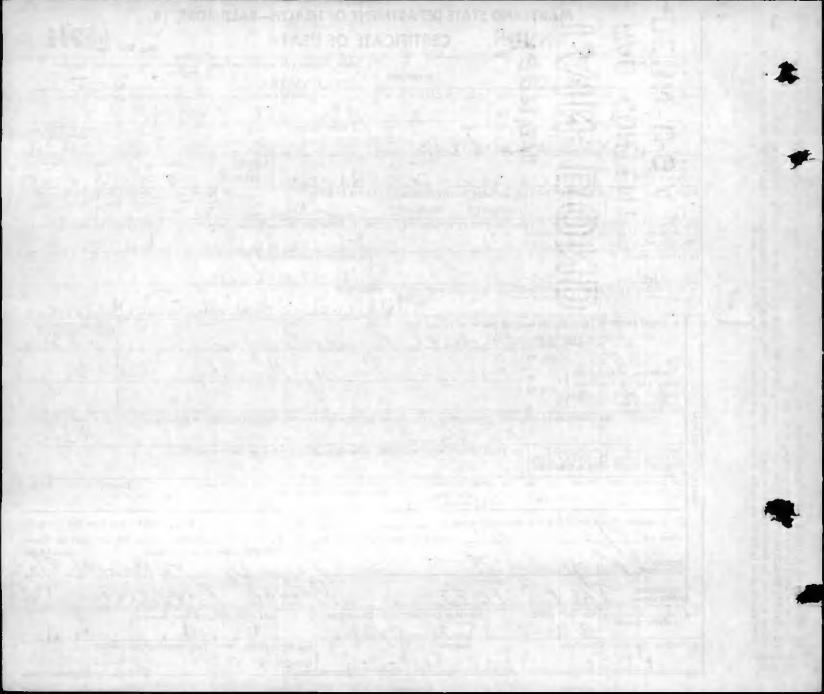
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8968

CERTIFICATE OF DEATH

Reg. Dist. No. 8941

1.	O. COUNTY MARYLAND	. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
9	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION CALVELL COLUMN STORM.	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
3.	NAME OF DECEASED (Type or print) (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Lost 4. DATE Month Day Year OF DEATH Y - 2 196.0
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. I	PATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Months Doys Hours Min. Months Doys Hours Min. Months Months Doys Hours Min. Months Months
55	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	John Haye	arzulia Welms
) Is	S. WAS DECEASED EVER IN U. S. ARMEDIFORCES? Yes, no, or unknown) Rt yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFO	alman Coman al Plist md
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if dny, which gove rise to immediate couse (o), storing the under-lying couse lost. (c)	alpej Henrislegis Spathe 38 Goar
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
		Enter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 White Not white of work 10	OF INJURY (Home, form, 20f. (City or town) (County) (State)
	21. I certify that attended the deceased fram	coursed at B. M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
1	PHYSICIAN'S DOGE TO TOTAL	1 Dist. Of Ola
220	PHAME (Type) 20 BURIAL) CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-7-60 Eastern Chico	REMATORY 22d. LOCATION (City, town, or county) (Stole)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS PT. Secural, Prince Frederic	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEALIG 9 '60 Continuo S. Human



08942 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8989 Reg. Dist. No. PLACE OF DEATH/ 2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND CITY OR TOWN (15 outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. City OR/TOWN (If existe corporate limits, write RURAL and give hearest town) (and give necrest town) MIN ٥ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? be retained for your files, and 2 with the registrar pri YES NO the registrar NAME OF 4. DATE Lost Month Year Day DECEASED OF (Type or print) DEATH 19 60 2 S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED X 8. DATE OF BIRTH AGE (In years 1FUNDER TYPAR IF UNDER 24 HRS 3 to the Hours WIDOWED [DIVORCED IT Sive Pages 1, 2, and 3 to 143. Page 5 may be retained 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INPORMANT** File P.M3. permit, 18. CAUSE OF DEATH [Enter only one cause perfune for (o), (b), and (c). INTERVAL BETWEEN e should be executed = in pencil in Item 18. ice alang with farm PM is o burial-transit permit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which certificate should be gove rise to immediate couse **DUE TO** (a), stoting the underlying cours lost. "pending" in iner's Office of be used as o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I (1987) 20a. EXTERNAL CAUSE WAS 20th DESCRIBE HOW NURY OCCURRED. (Egiter noture of injury in Part I or Post n of item (8: PRIMARY | or CONTRIBUTING | f Exami Month, Day, Yearps 20c. TIME OF INJURY 20d. INJURY OZCUTRED 120a PLACE OF INJURY (Home, form, 20f. (Gity/or town) (County (Stote)4 factory street, office bldg., etc.) Not Afrile of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and find that Inquiry Ser Ser death resulted from: Natural causes. Accident 7 Solcide | Homicide Undetermined couse ertificate, we to the Chie DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE M.D. FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME [Type] 22d BURIAL (CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Ö 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Carthur S. Krauk DATE

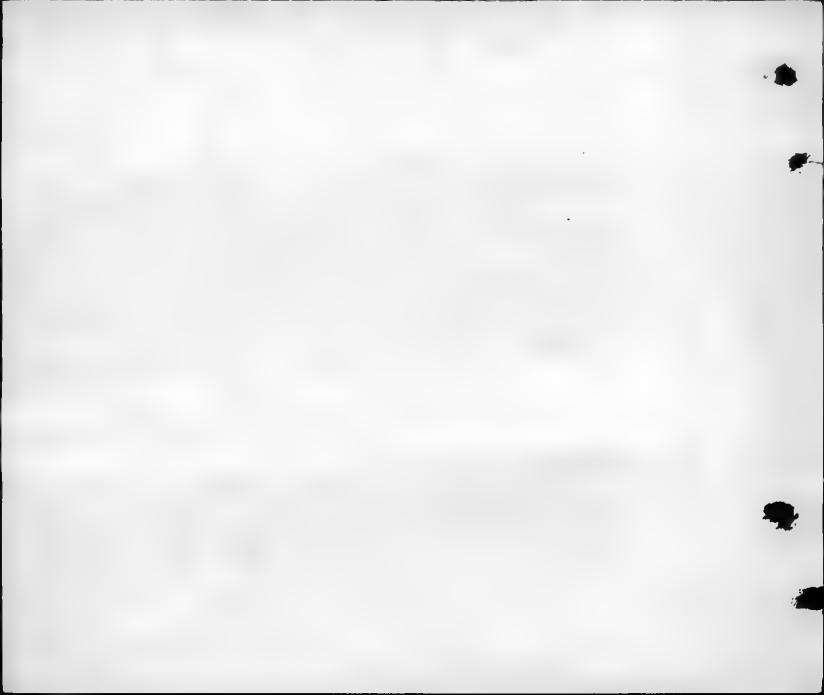
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



08943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8970 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceded lived. If Institution: Residence Defore admission 6. COUNTY o. STATE b. COUNTY MARYLAND buriel, b. CITY OR TOYIN III outside confirmed limits, write surrat E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate dimits, write RURAL and give neglest toys) director. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET-ADDRESS. ON A FARM? files. TYES | NO | 3. NAME OF First Middle DATE for your DECEASED OF DEATH tolles (Type or print) 5. SEX 9. AGE in years retoined for 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER 24 HRS. IF UNDER TYEAR Months Doys Hours Min. WIDOWED [DIVORCED F 3 6 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF INDUSTRY during most of working life, even if retired) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo ond cand moy a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours of Poges 1, 7 Poge 5 moy poges $0 \sim$ Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 6 43 permit. 18. CAUSE OF DEATH [Enter only one couse per, fine for (a), (b), and (c).] PR INTERVAL BETWEEN ONSET AND DEATH Item 18 th form PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) along with fan buriol-tronsit p **DUE TO** be exe Conditions, if ony, which gave rise to immediate couse **DUE TO** (0), stoting the underlying couse lost. R: This certificote showord "pending" in Examiner's Office of 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART I(D) 19. WAS AUTOPSY 0.5 CERTIFICATION PERFORMED? nsed NO [20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I of Part II of item 18.] å PRIMARY TO CONTRIBUTING TO 20c. TIME OF INJURY 20e/YEACE OF INJURY Home, form? 20f Month, Day, Year 20d. INJURY OCCURRED (County) (City or town) (State) 0 0 Nat while of work of work / p. m. recen 21. I certify that I taok charge of the remains described abaye, held an Autopsy Inspection Inquiry and find that cute the certificate, we forwarded to the Chies death resulted from: Natural causes Accident / Suicide 🗍 Hamicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22c, NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION [City, lown, or county] (State) REMOVAL (Specify) 0 60 TIBLE JILIV 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245. REGISTRAR'S SIGNATURE 24s. REC'D BY REGISTRAR VS. A15ME(5) DATEUG 3 0 '60 Circling S. Thomas 1 5 h .. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND	STATE	DEPARTMENT	OF HE	EALTH-	BALTIMORE,	18
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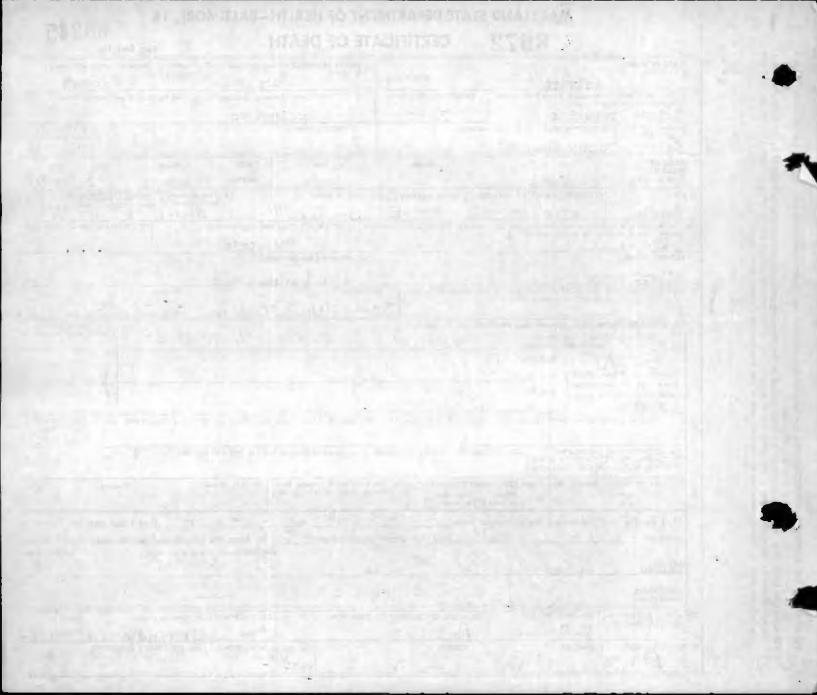
8972 CERTIFICATE OF DEATH 08945

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n COUNTY a. STATE b. COUNTY MARYLAND Calvert arvland Calvert. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres! town) RURAL and give nearest town) Prince Frederick 34 days Huntingtown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES | NO TO 3. NAME OF First Middle Lost 4. DATE Day Year DECEASED (Type or print) Josie DEATH 19 Jones August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED [DIVORCED M Female Negro 56 yrs. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Domestic Virginia U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CALISED BY IMMEDIATE CAUSE to DUE TO MELLITUC. if ony, which gove rise to immediate **DUE TO** couse (o), stoting the under-CENERALIZED ARTERISCLERAINS lying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS'S PERFORMED? YES 🔲 NO. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work D. IT 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 4 alive an. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 224. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 60 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

DATE

poge the VS A15 (4) 15M 10/57

registrar



8973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived. If Institution: Residence Defore administrat) a. COUNTY g. STATE b. COUNTY MARYLAND burial, b/ CITY OR OWN III outside cosporate limits write RURAL c. LENGTH OF STAY IN 15 c.(CITY OR TOWN It autside surporate limits, write GURAL and give pilorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) W-STREET ADDRESS e. IS RESIDENCE ON A FARM? files. YES NO 3. NAME OF 4. DATE Month Day DECEASED (Type or print) DEATH 5. SEX 6. COLOR OF RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Doys Haurs Min. WIDOWED [DIVORCED T yrs. 10g. USWAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stota or fareign country) 12. CITIZEN OF WHAT COUNTRY? 20 during most of working life, even If retired) non 5 13. FATHER'S-NAME 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause plong DUE TO (a), stating the underlying couse last pending in iner's Office be used as a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NOP 200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. JEnier nature of injury in Part of Port II of item 18. should b 20d. INJURY OCCURRED 20e4 PLACE OF INJURY (Home, farm, Month, Day, Year 20f (City or Joyn) (Caunty) (State) factory, street, office bldg., etc.) While Not while 63 Marca. 19/ at work at work 21. V certify that I took charge of the remains described above, held an Autopsy Inspection . inquiry and find that death resulted from: Natural causes Accident N Suicide . Hamicide . Undetermined cause forwarded to the Ch O FUNERAL DIRECTO ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURHAL CREMATION, 225/DATE THEREOR 22c. NAME OF GEMETERY OR CREMATORY 22d. LOCATION (City, town, or gounty) REMOVAL (Specify) ADDRESS 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Cathan S. France DATE ALIG

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Give word

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